

REVIEW SHEET FOR PARALEGAL (FORMALITIES EXAMINER) WORK

APPLICATION #:

10/517331

DATE:

7/19

NAME:

RETURN BY:

**As a result of a review of the above application, correction(s) are required.
Please make the corrections listed below, or provide documentation as to
why no correction is needed.**

Complete the correction(s) by the date listed above, and return this sheet, the application, and any additional papers needed to make the correction(s).

Correction Made : Y/N	ERRORS NOTED AND CORRECTIONS REQUIRED
Y	Are fees correct?
N	* Assignee's name is incorrect
N	* Customer's number was not used
N	* First named inventor's address incorrect
	First name -
✓	* Priority information is incorrect
✓	* Assignee's name is incorrect

DATE RETURNED : 8//

REVIEWER : Terry M. Johnson-Vessels